

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD_R?::	None
Number of CD disks::	
Number of copies of CDs::	
Sequence Submission::	No
Computer Readable Form (CRF)?::	No
Title::	STRUCTURES OF SUBSTRATE BINDING POCKETS OF SCF COMPLEXES
Attorney Docket Number::	14096.34USU1
Request For Early Publication::	No
Request For Non-Publication::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	12
Small Entity::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included::	Yes
Petition Type::	PETITION TO ACCEPT COLOR DRAWINGS
Licensed US Govt. Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Initial 10/17/03

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: CANADA
Status:: Full Capacity
Given Name:: ORLICKY
Middle Name::
Family Name:: STEPHEN
Name Suffix::
City of Residence:: TORONTO
State or Province of Residence:: ONTARIO
Country of Residence:: CANADA
Street of mailing address:: 1211-140 CARLTON STREET
City of mailing address:: TORONTO
State or Province of mailing address:: ONTARIO
Country of mailing address:: CANADA
Postal or Zip Code of mailing address:: M5A 3W7

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: CANADA
Status:: Full Capacity
Given Name:: FRANK
Middle Name::
Family Name:: SICHERI
Name Suffix::
City of Residence:: TORONTO
State or Province of Residence:: ONTARIO
Country of Residence:: CANADA
Street of mailing address:: APT. 506, 77 GERRARD ST. WEST

Initial 10/17/03

City of mailing address:: TORONTO
State or Province of mailing address:: ONTARIO
Country of mailing address:: CANADA
Postal or Zip Code of mailing address:: M5G 2A1

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: CANADA
Status:: Full Capacity
Given Name:: MIKE
Middle Name::
Family Name:: TYERS
Name Suffix::
City of Residence:: EAST YORK
State or Province of Residence:: ONTARIO
Country of Residence:: CANADA
Street of mailing address:: 419 HEATH STREET EAST
City of mailing address:: EAST YORK
State or Province of mailing address:: ONTARIO
Country of mailing address:: CANADA
Postal or Zip Code of mailing address:: M4G 1B4

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: CANADA
Status:: Full Capacity
Given Name:: ANDREW
Middle Name::
Family Name:: WILLEMS

Initial 10/17/03

Name Suffix::
City of Residence:: TORONTO
State or Province of Residence:: ONTARIO
Country of Residence:: CANADA
Street of mailing address:: 625 CHRISTIE STR.
City of mailing address:: TORONTO
State or Province of mailing address:: ONTARIO
Country of mailing address:: CANADA
Postal or Zip Code of mailing address:: M6G 3E6

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: CHINA
Status:: Full Capacity
Given Name:: XIAOJING
Middle Name::
Family Name:: TANG
Name Suffix::
City of Residence:: NORTH YORK
State or Province of Residence:: ONTARIO
Country of Residence:: CANADA
Street of mailing address:: 109 SHAWNEE CIRCLE
City of mailing address:: NORTH YORK
State or Province of mailing address:: ONTARIO
Country of mailing address:: CANADA
Postal or Zip Code of mailing address:: M2H 2X9

Correspondence Information

Correspondence Customer Number:: 23552

Initial 10/17/03

Representative Information

Representative Customer Number::	23552
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Domestic Priority Information

Application::	Continuation Type::	Parent Application::	Parent Filing Date::
This application	Non-Provisional of	60/419606	10/17/02

Assignee Information

Assignee Name:: MOUNT SINAI HOSPITAL
Street of mailing address:: 600 UNIVERSITY AVENUE
City of mailing address:: TORONTO
State or Province of mailing address:: ONTARIO
Country of mailing address:: CANADA
Postal or Zip Code of mailing address:: M5G 1X5

Initial 10/17/03